



NOV 30 2011

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for Operations
Mine Safety and Health Administration

THROUGH: PETER J. MONTALI (b) (6)
Acting Director of Accountability for
Mine Safety and Health Administration

FROM: JERRY J. KISSELL (b) (6)
Accountability Specialist U

SUBJECT: MSHA Office of Accountability Audit, MNM Western District
Boise Field Office, Boise, Idaho, and (b) (6)
(b) (6)

Introduction

This memorandum summarizes the Office of Accountability (OA) audit of the field office, and mine. The audit included MSHA field activities, level of enforcement, conditions and practices at the mine, Field Accompanied Reviews (FAR's), Office reviews (OR's), and MSHA supervisory and managerial oversight. The audit was conducted by Accountability Specialist Jerry J. Kissell.

Overview

The field office audit was conducted from (b) (6) through (b) (6) and included a review of administrative, inspection and enforcement levels. The mine visit was conducted on (b) (6). The (b) (6) accompanied the accountability specialist during the audit.

The audit team traveled with the inspection party to the mine on a regular (E-01) inspection. Areas and activities examined included the truck dump bin, the ore feed conveyor belt, primary and secondary MCC rooms, cross over auger conveyor, the fine powder elevator, four upper feed silos, air receiver and compressor tanks, four lower feed silos, the Williams mills and the finishing screen, load out area, two feed tunnels, two dolomite feed conveyor belts, gray feed conveyor belt, the truck load out scale. The Primary mill building included the jaw crusher, course elevator, scalper shaker, pioneer shaker, feed shaker, feed rolls, the 3/8 rolls, bag-house and the electrical switch gear panels. Other areas inspected included the shop building, fuel storage areas and the laydown areas. Mobile equipment inspected included a Volvo L445 front end-loader, Yale forklift, and a Hyster 60 forklift. The training plan and required records were reviewed as well.

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S&S Rate Comparison

During FY 2010 the S&S rates for this field office were below the district but slightly above the national average. During FY 2011 the S&S rates were below the district and the national average. Citations issued during the audit were appropriately issued and consistent with policy and procedures. (See attachment B)

Fiscal Year	Boise Field Office	Western District	National Average
2010	37%	40%	36%
2011	28%	35%	32%

Time and Activity Comparison

A comparison of FY 2010 and FY 2011 time distribution at the Boise field office shows that time in the other category has increased for inspections at surface facilities. On-site time has decreased for inspections at surface facilities and is below the national average.

Time Distribution (%) – E01 Inspections at Surface Facilities

	Travel	Other*	Total On-Site**	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2010	25%	6%	58%	0%	11%	100%
Nat'l Avg FY 2010	20%	10%	62%	4%	8%	100%
FY 2011	30%	11%	50%	0%	9%	100%
Nat'l Avg FY 2011	21%	11%	61%	3%	6%	100%

** Other time includes calibration of health sampling equipment, and mailing of samples

* Total On-Site time includes citations written on-site

A comparison of FY 2010 and FY 2011 time distribution at the Boise field office shows that time in the other category has slightly increased for inspections at surface mines and is below the national average. On-site time has decreased for inspections at surface mines and is below the national average. The Boise staff assisted other field offices during the period of review which would account for the increase in travel time and the decreased on-site time.

Time Distribution (%) – E01 Inspections at Surface Mines

	Travel	Other	Total On-Site*	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2010	31%	9%	48%	0%	12%	100%
Nat'l Avg FY 2010	25%	12%	56%	4%	7%	100%
FY 2011	33%	11%	45%	0%	11%	100%
Nat'l Avg FY 2011	26%	12%	55%	3%	7%	100%

** Other time includes calibration of health sampling equipment, and mailing of samples

* Total On-Site time includes citations written on-site

A comparison of FY 2010 and FY 2011 time distribution at the Boise field office shows that time in the other category has slightly increased for inspections at underground mines but is below the national average. On-site time has increased but is below the national average. The Boise staff assisted other field offices during the period of review which would account for the increase in travel time and the decreased on-site time.

Time Distribution (%) – E01 Inspections at Underground Mines

	Travel	Other	Total On-Site*	Citations Issued On-Site	Citations Issued Off-Site	Total Percent
FY 2010	35%	9%	42%	0%	14%	100%
Nat'l Avg FY 2010	23%	11%	60%	2%	6%	100%
FY 2011	38%	10%	44%	0%	8%	100%
Nat'l Avg FY 2011	25%	11%	58%	2%	6%	100%

**Other time includes calibration of health sampling equipment, and mailing of samples

* Total On-Site time includes citations written on-site

Audit Results

The audit revealed positive findings in several areas, including the following:

1. MSHA personnel conducted themselves in a professional and courteous manner at all times during the audit and during the inspection.
2. Inspection activities observed during the audit followed MSHA policies, procedures and handbooks.
3. MSHA personnel demonstrated excellent communications skills with the mine operator and conducted a good pre-conference discussion, reviewing past inspections, citations, and current operational status of the mine site.
4. Field Accompanied Reviews (FAR's) and Office Reviews (OR's) for the Boise field office were completed for each inspector and well documented.
5. Appropriate use of enforcement tools were observed during the mine site visit.
6. The Boise field office reported all of their mandated inspections were conducted and also provided assistance to other field offices with inspections throughout the year.

No issues needing corrective actions were identified during the audit; however an area regularly traveled on past inspections was cited for conditions that had not been recognized on previous inspections. This was reviewed with the field office supervisor and ADM in the close-out.

Attachments

- A. Office of Accountability Checklist with comments and recommendations.
- B. Citations/Orders issued during this audit

- | | |
|------------|----------------|
| 1. (b) (6) | 56.14206(b) |
| 2. (b) (6) | 56.14109 |
| 3. (b) (6) | 56.14109 |
| 4. (b) (6) | 56.14112(a)(1) |
| 5. (b) (6) | 56.12019 |
| 6. (b) (6) | 56.4500 |
| 7. (b) (6) | 56.14100(b) |

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Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID Date

1. Determine if complete and thorough inspections are being conducted.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☒

During the Audit the inspection was in compliance with MSHA policy and procedure. However, Citation # (b) (6) issued during the audit under CFR 56.14109 was for conditions/ practices that had not been recognized during multiple past inspections. Previous inspection reports reviewed identified the same equipment in the documentation with no enforcement actions noted.

2. Determine if citations and orders issued during previous inspections were properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

3. Evaluate inspector(s) examinations of required records and postings for compliance with applicable standards.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

4. Evaluate the inspector(s) physical examination of the active working area's of the mine and inspection of all mining cycles.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

5. Evaluate the inspector(s) on-site contaminant assessment and documentation.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

No health samples were taken during this inspection. A review of previous Inspection reports verify the last health surveys were conducted in FY 2009 with no violations.

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6. Evaluate examination of electrical equipment, transformer stations, and/or electrical circuits.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

7. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

8. Determine if Possible knowing/Willful (PKW) forms are documented and processed according to agency policy and procedures.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

No PKW forms were reviewed during this audit.

9. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

There are no 103(i) mines currently assigned to this field office.

10. Determine if Hazard complaint inspections/investigations are being conducted according to policy and procedures.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

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11. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☒

During the FY 2011 inspectors from the Boise field office assisted with inspections for the Elko, Nevada Field office and the Anchorage, Alaska field office which included inspecting Hawaii mining operations. This contributed to elevated "travel" and "other" time categories.

12. Are required Office Reviews (OR) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?
(One E-01/Inspector/every six months/FY – minimum)

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Required office reviews for FY 2010 and FY 2011 were completed and in compliance with current MSHA policy and procedure.

13. Are required Field Accompanied Reviews (FAR's) and supervisory follow-up reviews being conducted and documented according to agency policy and procedure?
(One E-01/inspector/FY – minimum)

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Required Field Activity Reviews for FY 2010 and FY 2011 were completed and in compliance with MSHA policy and procedure.

14. Determine if a 104(d) tracking system is in place and being kept current at the office being audited.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

15. Determine if required mine files are legible, up to date, and reviewed by supervisors.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

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16. Determine if supervisors are visiting mines.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Not required outside of Field Activity Reviews, however the Boise FO supervisor makes mine visits randomly to verify enforcement levels and mine conditions.

17. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to the Agency's mission and current issues.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

18. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Office Reviews and Field Accompanied Reviews.

(b) (6)

19. Determine if district management personnel are reviewing work products for accuracy and completeness.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

District management personnel review inspection reports throughout the fiscal year.

20. Determine if District Manager is using discretion in granting conferences and is monitoring the ACR program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CLRs.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

This audit did not include a review of the ACR Program.

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21. Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

The Special Investigations Program was not included in this audit.

22. Determine if managers and supervisors are using required "standardized reports" to review critical data relevant to inspections and investigations.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Supervisors use the Key Indicator reports/district reports.

23. Determine if Districts are conducting in-depth Peer Reviews in compliance with agency policy and procedures including follow-up to determine effectiveness of corrective actions.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Peer reviews were conducted for FY 2010 in the Vacaville field office, and for FY 2011 in the Albany, Oregon field office.

24. Is information (mine status, methane liberation, number of employees, etc.) being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

The district and field office should review the mine status of all mining operations during the year and determine appropriate changes and update the mine information in MSIS.

25. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

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26. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

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District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Attachment B- Citations issued during the Audit

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date <div style="text-align: center;">Mo Da Yr (b) (6)</div>	2. Time (24 Hr. Clock) <div style="text-align: center;">(b) (6)</div>	3. Citation/ Order Number (b) (6)
4. Served To <div style="text-align: center;">(b) (6)</div>		5. Operator <div style="text-align: center;">(b) (6)</div>
6. Mine <div style="text-align: center;">(b) (6)</div>		7. Mine ID (b) (6) <div style="text-align: right;">(Contractor)</div>
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The Volvo L45 Loader was left unattended with the bucket in the raised position. The operator was standing beside the loader talking with another miner and did not lower the bucket before exiting the loader. The miner had used the loader to clean the area outside the loadout facility. This practice exposes persons to fatal crushing injuries.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <div style="text-align: right;">56.14206b</div>
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date <div style="text-align: center;">Mo Da Yr (b) (6)</div>	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The operator returned to the loader and lowered the bucket to the ground.

18. Terminated	A. Date <div style="text-align: center;">Mo Da Yr (b) (6)</div>	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill <div style="text-align: center;">M</div>	
22. Signature (b) (6)			23. AR Number (b) (6)

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Safety and Health Administration
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District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>	
4. Served To <u>(b) (6)</u>		5. Operator <u>(b) (6)</u>	
6. Mine <u>(b) (6)</u>		7. Mine ID <u>(b) (6)</u> (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

The Ore conveyor belt does not have a safety stop cord or a handrail in place to prevent persons from falling onto the belt. The belt is approximately 25 inches above the ground and is open for approximately 6 feet in length. Persons are working in the area above and around the exposed running conveyor belt. The conveyor belt had a cover over it but has been removed for the installation of a cone crusher. Persons working around the hazard are exposed to severe entanglement injuries from falling onto the belt.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14109</u>
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: <u>001</u>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <u>104a</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	
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Section III—Termination Action

17. Action to Terminate Handrails have been installed on both sides of the conveyor belt.

18. Terminated	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	
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Section IV—Automated System Data

19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Mill <u>M</u>	
22. Signature <u>(b) (6)</u>			23. AR Number <u>(b) (6)</u>

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Safety and Health Administration
Office of Accountability

District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)		5. Operator (b) (6)
6. Mine (b) (6)		7. Mine ID (b) (6) (Contractor)
8. Condition or Practice		

8a. Written Notice (103g) ☐

The Load Out Conveyor Belt located in the Secondary Mill Building tunnel, does not have safety stop cord or handrail in place to prevent persons from falling onto the belt. The belt is approximately 32 inches above the ground near the tail pulley and is approximately 16 inches wide. Persons travel through the tunnel on a daily basis. This condition exposes persons to entanglement injuries from falling onto the belt.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14109
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III—Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	23. AR Number (b) (6)
22. Signature (b) (6)			

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)		5. Operator (b) (6)
6. Mine (b) (6)		7. Mine ID (b) (6) (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The guard used to protect persons from accidental contact with the Jaw Crusher Drive Sheave in the Primary Mill Building is missing a section. A section of guard approximately 11 inches high and 2 and 1/2 inches in width has broken off exposing the drive sheave that is approximately 1 inch inside the opening. The opening is approximately 34 inches above the walk deck. Steps up and down are located next to the hazard. Persons travel and grease next to the opening daily exposing them to severe entanglement injuries.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14112a1
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action		E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The guard has been repaired.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	
22. Signature (b) (6)		23. AR Number (b) (6)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Violation Data

1. Date <div style="text-align: center;">Mo Da Yr (b) (6)</div>	2. Time (24 Hr. Clock) <div style="text-align: center;">(b) (6)</div>	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)		5. Operator (b) (6)
6. Mine (b) (6)		7. Mine ID (b) (6) <div style="text-align: right;">(Contractor)</div>
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Switch boxes located in the Primary mill building main floor area do not have the required minimum clearance of 3 feet around them. The boxes are located on the wall approximately 61 inches above the floor and have a super sack approximately 18 inches in front of the boxes. Persons work in the building daily. Persons can not safely access the boxes to deactivate in an emergency and perform maintenance work on them exposing them to electrical shock injuries.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <div style="text-align: right;">56.12019</div>
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)	
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Section III—Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	
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Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	
22. Signature (b) (6)			23. AR Number (b) (6)

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>
4. Served To <u>(b) (6)</u>		5. Operator <u>(b) (6)</u>
6. Mine <u>(b) (6)</u>		7. Mine ID <u>(b) (6)</u> (Contractor)
8. Condition or Practice		

8a. Written Notice (103g) ☐

The Primary Mill MCC Room has combustible material stored near the switch boxes. The 480 volt switch boxes are mounted on the wall in the room and there are grease buckets stored on the floor near the switch boxes. An arc flash from a 480 volt switch box would ignite the grease. There are two 5 gallon buckets and a third container of grease present in the room. Persons enter the room daily to access the grease for the mill. This condition exposes persons to burn injuries associated with a fire.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <div style="text-align: right;">56.4500</div>
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>	
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Section III--Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <u>(b) (6)</u>	21. Primary or Mill M	
22. Signature <u>(b) (6)</u>		23. AR Number <u>(b) (6)</u>	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Western Field Office Boise, ID Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)	
4. Served To (b) (6)		5. Operator (b) (6)	
6. Mine (b) (6)		7. Mine ID (b) (6) (Contractor)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>	

The rear blinker lights located on the Volvo L45 Loader did not function when tested. The loader operates around the plant daily for clean up and loading of material. Persons traveling in the area of the loader would not know if the loader were going to change directions causing injuries to miners from a vehicle accident.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14100b
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/Order Number	
F. Dated Mo Da Yr			
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)	
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Section III--Termination Action

17. Action to Terminate The lights have been replaced and now function properly.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)	
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M	
22. Signature (b) (6)			23. AR Number (b) (6)

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INTERNAL REVIEW AUDIT MATRIX SCORING SYSTEM - BOISE IDAHO, BOISE FIELD OFFICE AUDIT, SEPTEMBER 19, 2011

CAT	Applies to Program Area	Internal Review Findings	Summation or Examples	Category Base Point Value	Base Points Value	RESPONSIBILITY			SUM	Internal Review Category Percentage
						Inspector = 1	Supervisor = 2	District = 3		
1	C/MNM	MSHA failed to identify the deviations in approved plans	All plans, training, escape, roof, ventilation, anything that requires approval	5					0	0%
2	C/MNM	Incomplete or inadequate inspections	Not following policy, procedures, failure to cite violations, inspecting all areas/equipment, conducting 103(i) inspections	5					0	0%
3	C/MNM	Supervisors did not provide adequate oversight	No review/lax review of inspection reports/ PKW/SAR/FAR/AA	5		N/A			0	0%
4	C/MNM	Improper evaluation of gravity, negligence, type of enforcement action	Self evident/ Inadequate documentation/note taking	5					0	0%
5	C/MNM	Peer Reviews were inadequate	Did not include audit reviews, follow up, FARs/AAs	4		N/A			0	0%
6	C/MNM	Weakness in the ACRI Program	Not following ACRI policy/handbook, management oversight of ACRI program, ACRI program consistent with Mine Act, 30 CFR, MSHA policy	3		N/A	N/A		0	0%
7	C/MNM	MSHA Data not used/reviewed	Key Indicators, Mine Profile, Inspection Completion Statistics, Databases not maintained	2					0	0%
8	C/MNM	Lack of Unwarrantable Failure Tracking System	Self Explanatory	1		N/A			0	0%
9	C/MNM	Conflict of Interest	Prior employment, supervision of relatives, etc.	1					0	0%
10	C/MNM	Failure to comply with Hazard Complaints procedures	Hazard Complaint handbook, policies, procedures not being followed	1					0	0%
11	C	Failure to conduct investigations for multi-phase plans	No on-site investigations	1		N/A	N/A		0	0%
12	C	Failure to observe retreat mining	Wherever retreat mining is conducted (except longwall mining)	1					0	0%
TOTAL SCORE									0	

Minimum Score = 0
 Coal Maximum Score = 96
 MNM Maximum Score = 85

- Summary: A) The audit revealed the Boise Field Office, Boise Idaho had none of the twelve most common issues found in the internal review reports as issues identified by the audit team.
- B) None of the ten internal review categories that relate to the metal-nonmetal program area were identified during this audit.